06-10-02

JUN 3 S 2032

Atty. Docket: 70011940,0007

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent	Application of	)			
Inventor:	JAMES R. HARTE	) Group Art: 1734 ) Examiner: Cheryl Hawkins			
Serial No.:	09/553,837	) )			
Filed:	April 21, 2000	TECF			
Title:	EMPTY PACKAGE DETECTOR FOR LABELING APPARATUS	JECHY:0COGY C	RECEIV		
	UNDER 37 C.F.R. § 1.10  Sitted with the United States Postal	ENED			
	Service as "Express Mail Post Office to Addre	osited with the United States Postal ressee" Mailing Label Number			

EL930343423US addressed to: Box Non-Fee Amendment, Assistant Commissioner of

Rajour B. Cortes

Patents, Washington, D.C. 20231 on June 6, 2002.

Date of Signature and Mailing

Box Fee Amendment Assistant Commissioner for Patents Washington, D.C. 20231

## **AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith is an amendment to the above-identified patent application.

- \_\_\_ No additional fee is required.
- X The fee has been calculated as shown below.

CLAIMS AS AMENDED							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	CLAIMS		HIGHEST	PRESENT	RATE	ADDITIONAL	
	REMAINING		NUMBER	EXTRA		FEE	
	AFTER		PREVIOUSLY			1	
	AMENDMENT		PAID FOR				
TOTAL	10	MINUS	*20	=0	x \$18.00	0	
CLAIMS							
INDEP.	3	MINUS	**3	=0	x \$84.00	0	
CLAIMS							
MULTIPLE DEPENDENT CLAIMS FEE (if applicable and not yet paid) + \$280.00							
<b>EXTENSION FI</b>	EE:						
1 month = \$110 2 months =		2  months = \$2	100				
3 months = \$920 4 months = \$1,440				\$920. <u>00</u>			
SUBTOTAL ADDITIONAL FEE						920.00	
X Small Entity (50% of subtotal filing fee if checked)						(460.00)	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$460.00	

<sup>\*</sup> If number is less than 20, write "20".

_Please charge my Deposit Account No. 19-3140 in the amount of \$	•
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X The Commissioner is hereby authorized to charge any additional fees which may be required, including, if necessary, the filing fee if the above-referenced check is in the wrong amount, unsigned, postdated, or otherwise improper or informal or missing, or credit any overpayment to my Deposit Account No. 19-3140. A duplicate copy of this sheet is enclosed.

 $\underline{X}$  A check in the amount of \$460.00 to cover the filing fee is enclosed.

Respectfully submitted,

Date: 6/6/2002

ennifer H. Hammond, Reg. No. 41,814

**SONNENSCHEIN NATH & ROSENTHAL** 

P.O. Box #061080

Wacker Drive Station

Sears Tower

Chicago, IL 60606-1080

Tel. No. (415) 882-5000

Fax. No. (415) 543-5472

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<sup>\*\*</sup>If number is less than 3, write "3".